10/646,145   4-10-08

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number	Filing Date
Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED Indep	AS FILED Depend	AFTER FIRST AMENDMENT Indep	AFTER FIRST AMENDMENT Depend	AFTER SECOND AMENDMENT Indep	AFTER SECOND AMENDMENT Depend		* Indep	* Depend	* Indep	* Depend	* Indep	* Depend
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	6						Total Indep						
Total Depend		130					Total Depend						
Total Claims	136						Total Claims						

CLAIMS ONLY	Application Number	Filing Date
	Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	10						51		3				
2	10						52		3				
3	10						53		3				
4	10						54		3				
5	10						55		3				
6	10						56		3				
7	10						57		3				
8	10						58	1					
9	10						59		3				
10							60		3				
11							61		3				
12							62		3				
13							63		3				
14							64		3				
15							65		3				
16							66		3				
17							67		3				
18							68		3				
19							69		3				
20							70		3				
21							71		3				
22							72		3				
23							73		3				
24							74		3				
25							75		3				
26							76	1					
27							77	1					
28							78		2				
29							79		2				
30							80		2				
31							81		2				
32							82		2				
33							83		2				
34							84		2				
35							85		2				
36							86		2				
37							87		2				
38							88		2				
39							89		2				
40							90		2				
41							91		2				
42							92		2				
43							93		2				
44							94		2				
45							95		2				
46	1						96		2				
47	1						97		2				
48	1						98		2				
49		3					99		2				
50		3					100		2				
Total Indep							Total Indep						
Total Depend							Total Depend						
Total Claims							Total Claims						

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10/646,145   4-10-08

CLAIMS ONLY			Application Number		Filing Date
			Applicant(s)		

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
201		2					51						
202		2					52						
203		2					53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep							Total Indep						
Total Depend							Total Depend						
Total Claims							Total Claims						